CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 10/25/2011 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MU	JL HPLE CO	ONSTRUCTION 01	(X3) DATE (COMPL		
7111D 1 E/1111	o. conduction	155294	A. BUII			10/04/2	
			B. WIN		ADDRESS, CITY, STATE, ZIP CODE		
NAME OF P	ROVIDER OR SUPPLIER				VOODFIELD CROSSING BLVD		
FORUM /	AT THE CROSSING	3			NAPOLIS, IN46240		
(X4) ID		TATEMENT OF DEFICIENCIES		ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX	•	CY MUST BE PERCEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	TE	COMPLETION
	REGULATORY OR	LSC IDENTIFFING INFORMATION)		TAG	BEIGHNETY		DATE
TAG K0000	A Life Safety Co State Licensure S the Indiana State accordance with a Survey Date: 10, Facility Number: Provider Number AIM Number: N Surveyor: Mark Code Specialist At this Life Safet the Crossing was with Requiremen Medicare, 42 CF Safety from Fire the National Fire (NFPA) 101, Lif Chapter 19, Exist Occupancies and This one story fact be of Type V (11 sprinklered. The system with smol corridors, areas of residents rooms 4 resident rooms 65	000191 T: 155294 IA Caraher, Life Safety Ty Code survey, Forum at found not in compliance atts for Participation in R Subpart 483.70(a), Life and the 2000 edition of Protection Association fe Safety Code (LSC), ting Health Care	KO	0000	Response to the Cited Deficiencies do not constitut admission or agreement by t facility of the truth of the alle or conclusion set forth in the Statement of Deficiencies. T plan of correction is prepare soley as a matter of complai with Federal and State Law.	he ged he	DATE
	inomity mas a cupi	were, or i and mad a					

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

000191

(X6) DATE

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determined that other safegaurds provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

	IT OF DEFICIENCIES OF CORRECTION	XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155294	(X2) MULTIPLE C	ONSTRUCTION 01	(X3) DATE SURVEY COMPLETED 10/04/2011	
	PROVIDER OR SUPPLIER		8505 \	ADDRESS, CITY, STATE, ZIP CODE WOODFIELD CROSSING BLVD NAPOLIS, IN46240		
(X4) ID PREFIX TAG	(EACH DEFICIEN REGULATORY OR	TATEMENT OF DEFICIENCIES CY MUST BE PERCEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA' DEFICIENCY)	(X5) COMPLETION DATE	
	Quality Review by I Code Specialist-Med The facility was	Robert Booher, Life Safety dical Surveyor on 10/06/11. found not in compliance ntioned regulatory evidenced by the				
K0018 SS=E	than required enclexits, or hazardous doors, such as the solid-bonded core resisting fire for at sprinklered buildin resist the passage impediment to the are provided with a keeping the door of meeting 19.3.6.3.6.	prohibited by CMS				
	Based on observation facility failed to doors in the 500 resist the passage deficient practice resident, staff or	e could affect any visitor in the vicinity of om in the 500 Hall.	K0018	Life Safety Tag (K018):1 of 2 corridor doors in the 500 Hal constructed to resist the pass of smoke. This deficient practicular affect any resident, state visitor in the vicinity of the Nutrition Room in the 500 Haresponse to the cited Life Sa Tag violation (K018), the follochanges are required: With respect to what systemic chawill be completed: (1) The	I was sgae tice ff, or all. In fety owing	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			STRUCTION 01	(X3) DATE S COMPL	
		155294	A. BUILE B. WING		<u>-</u>	10/04/20	011
	ROVIDER OR SUPPLIER			8505 WC	DDRESS, CITY, STATE, ZIP CODE DODFIELD CROSSING BLVD POLIS, IN46240		
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PERCEDED BY FULL LSC IDENTIFYING INFORMATION)	P	ID REFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIAT DEFICIENCY)	ΓE	(X5) COMPLETION DATE
	the facility from on 10/04/11, the Nutrition Room if foot by two foot bottom half of the prevent the passar of a fire. Based of observation, the acknowledged the corridor door to the second of the corridor door to the second of the second o	ector during the tour of 10:50 a.m. to 12:35 p.m. corridor door to the in the 500 Hall had a two louvered vent in the e door which would not age of smoke in the event on interview at the time he Maintenance Director e louvered vent in the the Nutrition Room in the constructed to resist the			Nutrition room door will be replaced with solid bond core wood door capable of resisting fire for at least 20 minutes by Vasil Constructic LLC; on 10/25/11. A.) With respect to all resident(s), vis and staff the cited violation potentially affected. All residents, visitors, and staff cidentified unit may have be affected by the practice and residents, visitors, and staff the unit are affected by the corrective action.	on itors of the en	
K0025 SS=E	least a one half hor accordance with 8 terminate at an atriprotected by fire-raglass panels and situo separate compeach floor. Damper penetrations of sm heating, ventilating systems. 19.1.6.4 Based on observational facility failed to other through 1 of 7 situations.	e constructed to provide at our fire resistance rating in a.3. Smoke barriers may ium wall. Windows are ated glazing or by wired steel frames. A minimum of partments are provided on are are not required in duct tooke barriers in fully ducted and air conditioning 7.3, 19.3.7.5, 19.1.6.3, ation and interview, the tensure 2 of 2 openings moke barriers were atain the smoke resistance	K00	025	Life Safety Tag (K025):The fa failed to ensure 2 of 2 opening through 1 of 7 smoke barriers were protected to maintain the smoke resistance of the smo barrier. This deficient practice	igs s ie ke	10/06/2011

STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: 155294			ULTIPLE CO LDING	NSTRUCTION 01	COMPL	ETED	
		155294	B. WIN			10/04/2	011
NAME OF	PROVIDER OR SUPPLIEI			8505 W	ADDRESS, CITY, STATE, ZIP CODE OODFIELD CROSSING BLVD		
FORUM	AT THE CROSSIN	3		INDIAN	APOLIS, IN46240		
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	requires the pass materials such as protected so the penetrating item shall be filled with maintaining the smoke barrier or approved device purpose. This deaffect any reside vicinity of the sr separating the he facility from Ind. Findings included Based on observe Maintenance District the facility from on 10/04/11, the above the ceiling wall separating to the facility from a) one square of measuring four in was not firestopp b) the annular spinch diameter picture wall which was Based on intervitobservations, the	ations with the rector during the tour of 10:50 a.m. to 12:35 p.m. following was noted g in the smoke barrier he healthcare portion of Independent Living: bening in the wall nches by six inches which bed. pace around one four inch pe passing through the not firestopped. ew at the time of Maintenance Director wo openings in the smoke			could affect any resident, stavisitor in the vicinity of the srbarrier wall separating the healthcare portion of the fact from Independent Living In response to the cited Life Sa Tag violation (K025), the follochanges are required: With respect to what systemic chawill be completed: (1) The fi wall, pipes, cable, and/or wir was caulked with fire barries sealant that closed 2 of 2 openings on the wall that separates healthcare and Independent Living on 10/6 by the Forum at the Crossing maintenance department. With respect to all residents visitors and staff the cited violation potentially affected residents, visitors, and staff the identified unit may have been affected by the practicand all residents, visitors, and staff of the unit are affected the corrective action.	noke lity fety owing anges re ing er 6/11 g A.) s), cof ece d	

		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155294	(X2) MU A. BUIL B. WINC	DING	O1	(X3) DATE : COMPL 10/04/2	ETED
	ROVIDER OR SUPPLIER			STREET AI	DDRESS, CITY, STATE, ZIP CODE DODFIELD CROSSING BLVD APOLIS, IN46240		
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K0048 SS=E	There is a written patients and for the of an emergency. Based on record facility failed to if fire extinguishers plan for the facility emergency. LSC written health carplan that shall pro (1) Use of alarms (2) Transmission department (3) Response to a (4) Isolation of fi (5) Evacuation of (6) Evacuation of (7) Preparation of evacuation (8) Extinguishmet This deficient pra	plan for the protection of all eir evacuation in the event 19.7.1.1 review and interview, the include the use of kitchen in the written fire safety ity in the event of an 19.2.2.2 requires a re occupancy fire safety ovide for the following: of alarm to the fire timmediate area of smoke compartment of floors and building for ent of fire	K0	048	Life Safety Tag (K048) The fa failed to include the use of kit fire extinguishers in the writter fire safety plan for the facility the event of an emergency. L 19.2.2.2 requires a written he occupancy fire safety plan that shall provide the use of alarm transmission of alarm to the falarm; isolation of fire; evacuation of immediate area; evacuation smoke compartment; preparate of floors and building for evacuation; extinguishment of fire; the deficient practice affeany resident, staff, and visitor the vicinity of the kitchen. In response to the cited Life Saft Tag violation (K048), the followinges are required: With respect to what systemic chawill be completed: The writter plan for safety in the event of emergency (FATC Disaster Folicy) was updated on 10/13	chen chen chen chen chen chen chen chen	10/13/2011
	Findings include Based on a review	w of the facility's written			to Include the use of all fire extinguishers (ABC) and K cl The Fire Suppression system automatically activates when	1	

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		155294	B. WIN			10/04/20	011
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FORUM AT THE CROSSING		3		INDIANA	APOLIS, IN46240		
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	at the Crossing w Director from 9:2 10/04/11, the fire address the use of extinguishers and extinguisher local relationship with overhead extingular an interview at the the Maintenance the written fire saidid not include k activate the overlaysystem to suppression	ster Plan" for the Forum with the Maintenance 20 a.m. to 10:50 a.m. on disaster plan did not of the ABC type fire of the K class fire ted in the kitchen in the use of the kitchen dishing system. Based on the time of record review, Director acknowledged offety plan for the facility of the staff training to the head hood extinguishing to the staff training trai			fire is detected. However we train all kitchen staff on how and when to use the K class extingusiher by November 1, 2011.A.) With respect to all resident(s), visitors and staff cited violation potentially affected. All residents, visit and staff of the identified unmay have been affected by practice and all residents, vis and staff of the unit are affected by the corrective action	to the ors, nit the itors,	
K0052 SS=F	A fire alarm system installed, tested, a accordance with N Code and NFPA 7 approved maintencomplying with app NFPA 70 and 72. Based on record the facility failed alarm systems was accordance with	IFPA 70 National Electrical 2. The system has an ance and testing program plicable requirements of 9.6.1.4 review and interview, to ensure 1 of 1 fire as maintained in	K	0052	Life Safety Tag (K052):A fire alarm system required for life safety Is installed, tested, and maintained in accordance Wi NFPA 70 National Electrical and NFPA 72. The system ha	d ith Code	10/18/2011

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	testing shall be p with the schedule often if required jurisdiction. Tab Table 7-3.2 "Tes requires alarm in notification appli initiating devices annually. This d affect all resident Findings include Based on review Security "Service documentation d record review with Director from 9:2 10/04/11, the last system inspection Based on interview observation, the stated the most re inspection occurr acknowledged it	of Koorsen Fire & e Inspection Report" ated 09/22/10 during th the Maintenance 20 a.m. to 10:50 a.m. on a documented fire alarm in occurred on 09/22/11.		approved maintenance And testing program complying wapplicable Requirements of 170 and 72. 9.6.1.4Testing frequencies requires alarm initiating devices, alarm notification appliances, batte and initiating devices to be to at least annually. This deficie practice could affect all resid staff, and visitors. In responsion the cited Life Safety Tag viol (K052), the following change required: With respect to the systemic changes will be completed: Fire Alarm inspection and Sensitivity testingwas completed October 18, 2011 documentation is on file in the director of maintenance office Forum at the Crossing A.) All residents, visitors, and staff of the identified unit mental have been affected by the practice and all residents, visitors and staff of the unit are affected by the corrective action. B.) In respect to what systemic measures have been put in to address the stated concerice Fire Alarm inspection and Sensitivity testing was completed October 18, 2011 documentation is on file in the director of maintenance office Forum at the Crossing.	ries, ested ent ents, e to ation es are , all e e day sitors, ected With place rn: , all e	

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STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA X2) MULTIPLE CONSTRUCTION X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED 01 BUILDING 155294 10/04/2011 WING STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 8505 WOODFIELD CROSSING BLVD FORUM AT THE CROSSING INDIANAPOLIS, IN46240 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES (X5) PROVIDER'S PLAN OF CORRECTION ROVIDERS PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) PREFIX (EACH DEFICIENCY MUST BE PERCEDED BY FULL PREFIX COMPLETION TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DATE Portable fire extinguishers are provided in all K0064 health care occupancies in accordance with SS=E 9.7.4.1. 19.3.5.6, NFPA 10 Life Safety Tag (K064):NFPA 10, K0064 10/14/2011 Based on observation and interview, the 2-3.2.1 requires a placard shall facility failed to maintain 1 of 1 portable be conspicuously placed near the K class fire extinguishers in the kitchen extinguisher which states the fire cooking area in accordance with the protection system shall be activated prior to using the fire requirements of NFPA 10, Standard for extinguisher. Since the fixed fire Portable Fire Extinguishers, 1998 Edition. extinguisher system will NFPA 10, 2-3.2 requires fire automatically shut off the fuel extinguishers provided for the protection source to the cooking appliance. the fixed system should be of cooking appliances using combustible activated before using a portable cooking media (vegetable or animal oils fire extinguisher. In this and fats) shall be listed and labeled for instance the portable fire Class K fires. NFPA 10, 2-3.2.1 requires extinguisher is supplemental protection. This deficient practice a placard shall be conspicuously placed could affect any resident, visitor, near the extinguisher which states the fire and staff in the vicinity of the protection system shall be activated prior kitchen.In response to the cited to using the fire extinguisher. Since the Life Safety Tag violation (K064), the following changes are fixed fire extinguishing system will required: automatically shut off the fuel source to With respect to what systemic the cooking appliance, the fixed system changes will be completed: should be activated before using a Instructions on how and when to use the extinguisher On 10/14/11; portable fire extinguisher. In this the fire suppression system is instance, the portable fire extinguisher is automatically activated if a fire is supplemental protection. This deficient detected. All F&B staff that work practice could affect any residents, staff or in The kitchen will be in-serviced visitors in the vicinity of the kitchen. on the K class extinguisher how and when to use by November 1, 2011.A.) With respect to all Findings include: residents, visitors, and staff the cited violation potentially Based on observation with the affected. All residents, visitors, and staff of the identified unit Maintenance Director during the tour of may have been affected by the the facility from 10:50 a.m. to 12:35 p.m. practice and all residents, visitors,

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID:

YTEL21

Facility ID:

000191

If continuation sheet

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		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155294	A. BUIL		O1	(X3) DATE S COMPLI 10/04/20	ETED
	PROVIDER OR SUPPLIER		B. WING	STREET AD	DDRESS, CITY, STATE, ZIP CODE DODFIELD CROSSING BLVD POLIS, IN46240		
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PERCEDED BY FULL LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIAT DEFICIENCY)	E.	(X5) COMPLETION DATE
	portable fire extinguisher. Batime of observation Director acknowledge conspicuously ploportable fire extinguisher extinguisher.	aced near the K class nguisher which states the stem shall be activated K class portable fire sed on interview at the on, the Maintenance ledged no placard was aced near the K class nguisher stating the fire n shall be activated prior			and staff of the unit are affe by the corrective action	ected	
K0144 SS=F	exercised under lo month in accordant 3.4.4.1. Based on observat facility failed to a generators was en manual stop. NF Facilities, 3-4.1.1 installed as alternated the requirer Standard for Eman Systems. NFPA Level II installation	ad for 30 minutes per size with NFPA 99. ation and interview, the ensure 1 of 1 emergency equipped with a remote PA 99, Health Care4 requires generator sets nate power sources shall ments of NFPA 110, ergency Standby Power 110, 3-5.5.6 requires sons shall have a remote on of a type similar to a	К0	144	Life Safety Tag (K0144):NFP 110, 7-1 states NFPA 37, Standard for the Installation a use of Stationary Combustion Engines and gas Turbines, contains mandatory requirem for emergency generators an shall be considered part of th requirements of this standard NFPA 37, 8-2.2(c) requires emergency generators of 100 horse power or more have provisions for shutting down to engine from a remote location	ents d e l.	10/06/2011

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AND PLAIN	OF CORRECTION	155294		LDING	01	10/04/20	
		100201	B. WIN		DDDEGG CITY OT AND CORE	10/04/20	• •
NAME OF F	PROVIDER OR SUPPLIER				DDRESS, CITY, STATE, ZIP CODE OODFIELD CROSSING BLVD		
FORUM	AT THE CROSSING	3			APOLIS, IN46240		
(X4) ID	SUMMARY ST	TATEMENT OF DEFICIENCIES		ID	DROWING BLAN OF CORRECTION		(X5)
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TAG		LSC IDENTIFYING INFORMATION)		TAG	DEFICIENCY)		DATE
		on located outside of the			This deficient practice could affect all residents, staff, and		
	_	prime mover is located.			visitors.In response to the cit		
		tates NFPA 37, Standard			Life Safety Tag violation (K0		
		on and Use of Stationary			the following changes are		
	ľ	ines and Gas Turbines,			required: With respect to the systemic changes will be		
		ory requirements for			completed: On 10/6/11 The		
	" "	rators and shall be			generators have emergencys		
		of the requirements of this 37, 8-2.2(c) requires			buttons installed by Cumming Generator Corp.that will shut		
		rators of 100 horsepower			engines down from a remote		
	""	ovisions for shutting			locationA.) With respect to a		
		at the engine and from a			resident(s), visitors and staff cited violation potentially	the	
		This deficient practice			affected. All residents, visit	ors,	
		esidents, staff and			and staff of the identified u	nit	
	visitors.				may have been affected by		
					practice and all residents, vis and staff of the unit are affe		
	Findings include	:			by the corrective action		
	Based on observa						
		rector during the tour of					
	I -	10:50 a.m. to 12:35 p.m.					
	· ·	dence of a remote shut off					
		ound for the 100 kW					
		gency generator. Based ne time of observation,					
		Director stated the					
		rator was installed prior to					
		vledged there is no					
		cy shut off device for the					
	emergency gener	· -					
	3.1-19(b)						
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DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

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